

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09781354</i>	FILING DATE <i>TORINR 3-0-001</i>			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60	1		
11							61	1		
12							62	1		
13							63	1		
14							64	1		
15							65	1		
16							66	1		
17							67	1		
18							68	1		
19							69	1		
20							70	1		
21							71	1		
22							72	1		
23							73	1		
24							74	1		
25							75	1		
26							76	1		
27							77	1		
28							78	1		
29							79	1		
30							80	1		
31							81	1		
32							82	1		
33							83	1		
34							84	1		
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			↓			↓				
TOTAL DEP.			←			←				
TOTAL CLAIMS										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS